

“(3) *INSTITUTION OF HIGHER EDUCATION.*—The term ‘institution of higher education’ has the meaning given such term in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a)).

“(4) *SECRETARY.*—The term ‘Secretary’ means the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs.

“(i) *AUTHORIZATION OF APPROPRIATIONS.*—

“(1) *IN GENERAL.*—There is authorized to be appropriated to carry out this section \$100,000,000 for the period of fiscal years 2022 through 2026.

“(2) *FEDERAL ADMINISTRATIVE EXPENSES.*—Of the amounts made available to carry out this section for a fiscal year, the Secretary shall not use more than eight percent for Federal administrative expenses, including training, technical assistance, reporting, and evaluation.”

(b) *TRANSITION RULE.*—Section 3016 of the 21st Century Cures Act (21 U.S.C. 399h), as in effect on the day before the date of the enactment of this section, shall apply with respect to grants awarded under such section before such date of enactment.

(c) *CLERICAL AMENDMENT.*—The item relating to section 3016 in the table of contents in section 1(b) of the 21st Century Cures Act (Public Law 114-255) is amended to read as follows:

“Sec. 3016. National Centers of Excellence in Advanced and Continuous Pharmaceutical Manufacturing.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 4369.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, my colleagues and I on the Energy and Commerce Committee have been working on legislation to invest in and support American pharmaceutical manufacturing to reduce our dependence on items produced abroad, such as active ingredients and raw materials. As the COVID-19 pandemic has made clear, domestic pharmaceutical manufacturing is critical to our Nation's public health and global economic competitiveness.

The bill before us now, H.R. 4369, would leverage the expertise and ingenuity of academic institutions in the United States to help support and develop advanced manufacturing technologies right here at home. The legislation will improve the quality of our pharmaceuticals, reduce drug shortages, and help to produce more nimble and efficient manufacturing processes that could be replicated throughout the Nation.

Specifically, H.R. 4369 would direct the Food and Drug Administration to designate a number of American aca-

demic institutions as national centers of excellence. It then provides funding to these centers to develop advanced and continuous manufacturing.

Now, continuous manufacturing is an emerging technology whereby a finished product is produced in a continuous stream, making it more efficient than the current so-called batch model that can be slow and may be subject to the risk of defects or errors during the manufacturing process.

The centers would be required to work closely with the FDA and industry to support regulatory guidance and expertise, catalyze research and development in advanced and continuous manufacturing technologies, and cultivate an advanced pharmaceutical manufacturing workforce here in the United States.

The legislation requires that the majority of the \$100 million in funding be awarded directly to the designated centers of excellence, while also providing resources for FDA technical assistance, guidance, or training.

H.R. 4369 sets us on the right track for advanced manufacturing here at home.

This legislation passed the House last Congress but was not taken up in the Senate. If we are to meet the goal and demand for uninterrupted access and supply of critical drugs and active pharmaceutical ingredients, the time to act is now.

I want to thank our Health Subcommittee Ranking Member GUTHRIE for working with me on this legislation, as well as full committee Ranking Member RODGERS and Health Subcommittee Chairwoman ANNA ESHOO.

I urge my colleagues to support H.R. 4369, and I hope the Senate will follow suit so that we can finally expand advanced and continuous manufacturing technology here in the United States.

Madam Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 4369, the National Centers of Excellence in Advanced and Continuous Pharmaceutical Manufacturing Act, a bill I introduced with my colleague, Energy and Commerce Committee Chairman FRANK PALLONE. I enjoyed working with him on this bill.

In 2016, I was proud to work with my fellow committee members on the 21st Century Cures Act, which included legislation to issue grants for institutions of higher education to study the process of continuous pharmaceutical manufacturing.

H.R. 4369, which we are considering today, builds on this partnership established in the Cures Act. Advanced and continuous manufacturing for pharmaceuticals is a new technology that allows for drugs to be produced in a continuous stream, helping drugs get into the market faster.

This is something that has become increasingly important during the

COVID-19 pandemic. We need to ensure that our drug supply chain does not depend too heavily on other countries, such as China.

I urge my colleagues to support H.R. 4369, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I have no additional speakers. I am prepared to close, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, this is an important bill. We have all seen what happened with COVID-19, our dependence on the global supply chain, particularly in pharmaceuticals. It is a national security issue that we have our own production here.

As we saw, we have had shortages during the height of the pandemic, and we are still experiencing other supply chain issues. As we know, those will work themselves out.

Having access to our own pharmaceuticals is not a luxury that we have time for them to work out themselves. We are hopeful that we will get things moving again in a normal supply chain, but we absolutely must take the action necessary to make sure that we make it in America, and we don't depend on countries such as China.

Madam Speaker, I urge the passage of this bill. I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I, too, would say this is an important bill, both from the point of view of moving toward more domestic manufacturing and addressing the supply chain shortages that we saw during COVID-19 for drugs.

Madam Speaker, I ask for Members to support this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 4369, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. PALLONE. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

STATE OPIOID RESPONSE GRANT AUTHORIZATION ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2379) to amend the 21st Century Cures Act to reauthorize and expand a grant program for State response to the opioid use disorders crisis, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2379

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “State Opioid Response Grant Authorization Act of 2021”.

SEC. 2. GRANT PROGRAM FOR STATE AND TRIBAL RESPONSE TO OPIOID AND STIMULANT USE AND MISUSE.

Section 1003 of the 21st Century Cures Act (42 U.S.C. 290ee-3 note) is amended to read as follows:

“SEC. 1003. GRANT PROGRAM FOR STATE AND TRIBAL RESPONSE TO OPIOID AND STIMULANT USE AND MISUSE.

“(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ‘Secretary’) shall carry out the grant program described in subsection (b) for purposes of addressing opioid and stimulant use and misuse, within States, Indian Tribes, and populations served by Tribal organizations and Urban Indian organizations.

“(b) GRANTS PROGRAM.—

“(1) IN GENERAL.—Subject to the availability of appropriations, the Secretary shall award grants to States, Indian Tribes, Tribal organizations, and Urban Indian organizations for the purpose of addressing opioid and stimulant use and misuse, within such States, such Indian Tribes, and populations served by such Tribal organizations and Urban Indian organizations, in accordance with paragraph (2).

“(2) MINIMUM ALLOCATIONS; PREFERENCE.—In determining grant amounts for each recipient of a grant under paragraph (1), the Secretary shall—

“(A) ensure that each State receives not less than \$4,000,000; and

“(B) give preference to States, Indian Tribes, Tribal organizations, and Urban Indian organizations whose populations have an incidence or prevalence of opioid use disorders or stimulant use or misuse that is substantially higher relative to the populations of other States, other Indian Tribes, Tribal organizations, or Urban Indian organizations, as applicable.

“(3) FORMULA METHODOLOGY.—

“(A) IN GENERAL.—Before publishing a funding opportunity announcement with respect to grants under this section, the Secretary shall—

“(i) develop a formula methodology to be followed in allocating grant funds awarded under this section among grantees, which includes performance assessments for continuation awards; and

“(ii) not later than 30 days after developing the formula methodology under clause (i), submit the formula methodology to—

“(I) the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives; and

“(II) the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate.

“(B) REPORT.—Not later than two years after the date of the enactment of the State Opioid Response Grant Authorization Act of 2021, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that—

“(i) assesses how grant funding is allocated to States under this section and how such allocations have changed over time;

“(ii) assesses how any changes in funding under this section have affected the efforts of States to address opioid or stimulant use or misuse; and

“(iii) assesses the use of funding provided through the grant program under this section and other similar grant programs administered by the Substance Abuse and Mental Health Services Administration.

“(4) USE OF FUNDS.—Grants awarded under this subsection shall be used for carrying out

activities that supplement activities pertaining to opioid and stimulant use and misuse, undertaken by the State agency responsible for administering the substance abuse prevention and treatment block grant under subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x-21 et seq.), which may include public health-related activities such as the following:

“(A) Implementing prevention activities, and evaluating such activities to identify effective strategies to prevent substance use disorders.

“(B) Establishing or improving prescription drug monitoring programs.

“(C) Training for health care practitioners, such as best practices for prescribing opioids, pain management, recognizing potential cases of substance use disorders, referral of patients to treatment programs, preventing diversion of controlled substances, and overdose prevention.

“(D) Supporting access to health care services, including—

“(i) services provided by federally certified opioid treatment programs;

“(ii) outpatient and residential substance use disorder treatment services that utilize medication-assisted treatment, as appropriate; or

“(iii) other appropriate health care providers to treat substance use disorders.

“(E) Recovery support services, including—

“(i) community-based services that include peer supports;

“(ii) mutual aid recovery programs that support medication-assisted treatment; or

“(iii) services to address housing needs and family issues.

“(F) Other public health-related activities, as the State, Indian Tribe, Tribal organization, or Urban Indian organization determines appropriate, related to addressing substance use disorders within the State, Indian Tribe, Tribal organization, or Urban Indian organization, including directing resources in accordance with local needs related to substance use disorders.

“(c) ACCOUNTABILITY AND OVERSIGHT.—A State receiving a grant under subsection (b) shall include in reporting related to substance use disorders submitted to the Secretary pursuant to section 1942 of the Public Health Service Act (42 U.S.C. 300x-52), a description of—

“(1) the purposes for which the grant funds received by the State under such subsection for the preceding fiscal year were expended and a description of the activities of the State under the grant;

“(2) the ultimate recipients of amounts provided to the State; and

“(3) the number of individuals served through the grant.

“(d) LIMITATIONS.—Any funds made available pursuant to subsection (i)—

“(1) shall not be used for any purpose other than the grant program under subsection (b); and

“(2) shall be subject to the same requirements as substance use disorders prevention and treatment programs under titles V and XIX of the Public Health Service Act (42 U.S.C. 290aa et seq., 300w et seq.).

“(e) INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—The Secretary, in consultation with Indian Tribes, Tribal organizations, and Urban Indian organizations, shall identify and establish appropriate mechanisms for Indian Tribes, Tribal organizations, and Urban Indian organizations to demonstrate or report the information as required under subsections (b), (c), and (d).

“(f) REPORT TO CONGRESS.—Not later than September 30, 2024, and biennially thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of

the Senate and the Committee on Energy and Commerce of the House of Representatives, and the Committees on Appropriations of the House of Representatives and the Senate, a report that includes a summary of the information provided to the Secretary in reports made pursuant to subsections (c) and (e), including—

“(1) the purposes for which grant funds are awarded under this section;

“(2) the activities of the grant recipients; and

“(3) for each State, Indian Tribe, Tribal organization, and Urban Indian organization that receives a grant under this section, the funding level provided to such recipient.

“(g) TECHNICAL ASSISTANCE.—The Secretary, including through the Tribal Training and Technical Assistance Center of the Substance Abuse and Mental Health Services Administration, shall provide States, Indian Tribes, Tribal organizations, and Urban Indian organizations, as applicable, with technical assistance concerning grant application and submission procedures under this section, award management activities, and enhancing outreach and direct support to rural and underserved communities and providers in addressing substance use disorders.

“(h) DEFINITIONS.—In this section:

“(1) INDIAN TRIBE.—The term ‘Indian Tribe’ has the meaning given the term ‘Indian tribe’ in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

“(2) TRIBAL ORGANIZATION.—The term ‘Tribal organization’ has the meaning given the term ‘tribal organization’ in such section 4.

“(3) STATE.—The term ‘State’ has the meaning given such term in section 1954(b) of the Public Health Service Act (42 U.S.C. 300x-64(b)).

“(4) URBAN INDIAN ORGANIZATION.—The term ‘Urban Indian organization’ has the meaning given such term in section 4 of the Indian Health Care Improvement Act.

“(i) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For purposes of carrying out the grant program under subsection (b), there is authorized to be appropriated \$1,750,000,000 for each of fiscal years 2022 through 2027, to remain available until expended.

“(2) FEDERAL ADMINISTRATIVE EXPENSES.—Of the amounts made available for each fiscal year to award grants under subsection (b), the Secretary shall not use more than 20 percent for Federal administrative expenses, training, technical assistance, and evaluation.

“(3) SET ASIDE.—Of the amounts made available for each fiscal year to award grants under subsection (b) for a fiscal year, the Secretary shall—

“(A) award 5 percent to Indian Tribes, Tribal organizations, and Urban Indian organizations; and

“(B) of the amount remaining after application of subparagraph (A), set aside up to 15 percent for awards to States with the highest age-adjusted rate of drug overdose death based on the ordinal ranking of States according to the Director of the Centers for Disease Control and Prevention.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in

which to revise and extend their remarks and include extraneous material on H.R. 2379.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 2379, the State Opioid Response Grant Authorization Act of 2021.

The substance use and opioid crisis continues to be a public health emergency and has evolved into a devastating dual threat when combined with the impacts of the COVID-19 pandemic.

Opioids are the leading cause of drug overdose deaths in the United States. Tragically, last year, more than 93,000 Americans died from an opioid overdose. That is the highest 12-month death toll since the beginning of the opioid epidemic.

Now, experts suspect that the COVID-19 pandemic only exacerbated this terrible record last year. Overall, it is estimated that more than 20 million Americans have a substance use disorder. While treatment and services are available, many do not have access to or are not aware of the care in their communities.

H.R. 2379 basically supports our ongoing work to combat the opioid crisis, and the legislation enhances our efforts in the 21st Century Cures Act and the SUPPORT for Patients and Communities Act. It does this by authorizing the Substance Abuse and Mental Health Services Administration State Opioid Response grant program, better known as SAMHSA's SOR grant program.

The bill also aligns the authorization with authorities included in the 21st Century Cures Act.

Although the SAMHSA grant program has been funded through the appropriations process since 2018, it does not have a statutory authorization. This legislation provides that important authorization and ensures future funding.

Today, the SOR grants are used to enhance prevention and recovery activities across the States, including support services to address stimulant misuse and use disorders. These grants also reduce barriers to medication-assisted treatment for opioid use disorder, which is critical to addressing the treatment gap and reducing the number of overdose deaths.

This bill also provides Congress more information and transparency about existing funding, including the formula used to make allocations to States. This information will allow us to examine how changes to these allocations impact the progress States are making to address the opioid crisis.

It is important for this program to direct resources to communities most in need or where surges in opioid or stimulant use are occurring, and this

information will help us make sure that resources are getting to where they are needed the most.

I want to thank the sponsor of the bill, the gentleman from Maryland (Mr. TRONE), for his leadership on this issue. I also want to thank my Republican committee colleagues for their support on this legislation, as we continue our work to address the substance use crisis in this country.

Madam Speaker, the bill unanimously passed the House last year. I urge my colleagues to support it once again today. I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 2379, the State Opioid Response Grant Authorization Act. This important bill authorizes the appropriations for the State Opioid Response grant program administered by the Substance Abuse and Mental Health Services Administration.

The United States still remains in the midst of an opioid crisis that has only been exacerbated by the COVID-19 pandemic. Federal grants have provided a substantial level of support to States that are on the front lines of addressing substance use disorders, including opioid and stimulant use disorders.

H.R. 2379 would ensure continued, predictable support for substance use disorder prevention, treatment, and recovery efforts for several years. I support passage of this legislation, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as he may consume to the gentleman from Maryland (Mr. TRONE), the author of the bill.

Mr. TRONE. Madam Speaker, I rise today to urge my colleagues to support my bill, the State Opioid Response Grant Authorization Act.

This bipartisan bill directly addresses the worsening opioid crisis by authorizing \$10.5 billion over 6 years in grants to States and Tribes. This funding will prevent and treat those suffering from addiction.

During Recovery Month last month, I met with several healthcare providers to discuss the challenges faced by those in recovery. We hear time and time again how individuals in recovery often struggle to access the resources they need.

This bill meets the moment by giving States and Tribes the consistent, necessary funding they need to meet their specific needs.

I want to thank Energy and Commerce Chairman PALLONE and Ranking Member McMORRIS RODGERS, and Health Subcommittee Chairwoman ESHOO, and my friend, Subcommittee Ranking Member GUTHRIE, for considering this bill.

I thank our bipartisan sponsors. In particular, I want to thank Congresswoman SHERRILL, Congressman BAIRD, and Congressman ARMSTRONG for their

advocacy. I am so grateful to the members of the Bipartisan Addiction and Mental Health Task Force for helping us get this over the finish line.

When we put aside partisan politics and focus on the real issues and work hard, we can make a difference. For these reasons, I urge a "yes" vote on the State Opioid Response Grant Authorization Act.

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Mr. GUTHRIE. Madam Speaker, I thank my friend from Maryland for the kind words.

Madam Speaker, I yield 2 minutes to the gentleman from Utah (Mr. CURTIS), my friend and an important member of the Energy and Commerce Committee.

Mr. CURTIS. Madam Speaker, I rise today in support of H.R. 2379, the State Opioid Response Grant Authorization Act.

This legislation provides critical resources to State and local governments combating the opioid crisis that has crippled communities across the United States, including Utah.

This legislation will give State and local governments flexibility in addressing this tragic epidemic in their communities.

For example, in Utah there are significant socioeconomic differences between Price and Orem, two communities I represent that are both fighting addiction.

We have to allow experts on the ground to address these challenges accordingly, which is why I strongly support this legislation.

Equally as important is ensuring we have the workforce to treat individuals suffering with addiction.

That is why I recently introduced the Helping Enable Access to Lifesaving Services Act, or the HEALS Act.

The HEALS Act would complement the State opioid response grants with targeted Federal dollars to help train future behavioral healthcare workers in areas of high need.

Taken together, these are the necessary steps to fight addiction in communities across our country, which has taken the lives of nearly 100,000 Americans in this past year alone.

I urge my colleagues to support H.R. 2379 and my legislation, the HEALS Act.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentleman from Florida (Mr. DEUTCH).

Mr. DEUTCH. Madam Speaker, I thank the gentleman from New Jersey for yielding.

Madam Speaker, I rise in support of H.R. 2379 to extend and broaden our efforts to help Americans with substance use disorder get the help they need to help prevent addiction and to save lives.

I thank my friends, Mr. TRONE and Ms. SHERRILL, for their leadership.

Earlier this year, the Substance Abuse and Mental Health Services Administration and Centers for Disease Control and Prevention announced

that opioid response grantees will now be able to use these funds to expand access to fentanyl test strips.

Tragically, that announcement came just 1 month after the death of my dear nephew, Eli Weinstock.

At just 20 years old, Eli died of an unintentional fentanyl overdose after ingesting a legal herbal supplement tainted with fentanyl.

Out of our grief, Eli's family created an organization, BirdieLight, to increase awareness of fentanyl risks and the tools like fentanyl test strips needed to save lives.

From 2019 to 2020, overdose deaths spiked by over 22,000 to a record 93,331 Americans who died of overdose in 2020.

Young people aged 15 to 24 saw a nearly 50 percent increase in 1 year.

Last month, the Drug Enforcement Administration issued its first public safety alert in 6 years to warn of the surge of counterfeit pills laced with fentanyl.

The DEA has seized over 11.3 million fake pills over the past year, more than the previous 2 years combined.

Fentanyl has been found in fake imitations of real prescription medications, including oxycodone, Xanax, and stimulants like Adderall.

These substances are easily acquired on social media platforms or from friends who have no idea where they came from or what is in them.

We need to talk about this. We need to change this. We need to act.

We need to do it for Eli and for the hundreds of Americans who die of overdose every day in this country.

This legislation is an important first step. I urge my colleagues to vote for it.

Mr. GUTHRIE. Madam Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker I yield 2 minutes to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Madam Speaker, I thank the gentleman for yielding.

Across the country, the opioid epidemic is devastating families and communities.

In Rhode Island, the COVID-19 pandemic is only worsening this crisis. In 2020 alone, accidental overdose deaths in Rhode Island increased by 25 percent, with most involving opioids.

State Opioid Response funding has been critical to combating this deadly epidemic and helped provide Rhode Islanders with the resources we need to combat drug abuse, prevent overdoses, and save lives.

The majority of Rhode Islanders who lost their lives to an opioid overdose in recent years had a history of substance abuse without treatment, and we need resources to intervene now.

State Opioid Response funding has helped provide the support and treatment people suffering addiction need so desperately.

It means access to naloxone and training on how to use it. It means paths to recovery. And it means saving lives.

I thank Representative TRONE for introducing H.R. 2379, the State Opioid Response Grant Authorization Act of 2021 to support States in their fight against this opioid epidemic.

I urge my colleagues to support this critical legislation and save lives.

Mr. GUTHRIE. Madam Speaker, I think this is a good bill. It is an important bill.

All of our States have been affected by the opioid crisis, so it is good that we are here today focusing on this in a bipartisan way working together.

Madam Speaker, I urge the support of this bill, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, again, this is a very important bill addressing the opioid epidemic with these various grant programs.

Madam Speaker, I would ask for support on a bipartisan basis, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2379, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GOOD of Virginia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

DRUG-FREE COMMUNITIES PANDEMIC RELIEF ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 654) to provide the Administrator of the Drug-Free Communities Support Program the authority to waive the Federal fund limitation for the Drug-Free Communities Support Program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 654

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Drug-Free Communities Pandemic Relief Act".

SEC. 2. WAIVER OF FEDERAL FUND LIMITATION FOR THE DRUG-FREE COMMUNITIES SUPPORT PROGRAM.

(a) *IN GENERAL.*—Subject to subsection (b), if the Administrator of the Drug-Free Communities Support Program determines that, as a result of the public health emergency declared pursuant to section 319 of the Public Health Service Act (42 U.S.C. 247d) as a result of COVID-19, an eligible coalition is unable to raise the amount of non-Federal funds, including in-kind contributions, agreed to be raised by the coalition for a fiscal year under an agreement entered into with the Administrator pursuant to paragraph (1)(A) or (3) of section 1032(b) of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1532(b)), the Administrator may, notwithstanding such para-

graphs, provide to the eligible coalition the grant or renewal grant, as applicable, for that fiscal year in an amount—

(1) with respect to an initial grant or renewal grant described under paragraph (1)(A) or (3)(A) of such section, that exceeds the amount of non-Federal funds raised by the eligible coalition, including in-kind contributions, for that fiscal year;

(2) with respect to a renewal grant described under paragraph (3)(D)(i) of such section, that exceeds 125 percent of the amount of non-Federal funds raised by the eligible coalition, including in-kind contributions, for that fiscal year; and

(3) with respect to a renewal grant described under paragraph (3)(D)(ii) of such section, that exceeds 150 percent of the amount of non-Federal funds raised by the eligible coalition, including in-kind contributions, for that fiscal year.

(b) *LIMITATION.*—The Administrator may not provide a grant or renewal grant to an eligible coalition in an amount exceeding the amount of funds initially agreed to be provided by the Administrator under the applicable agreement.

SEC. 3. RAISING CAP ON ADMINISTRATIVE EXPENSES UNDER ANTI-DRUG ABUSE ACT OF 1988.

Section 1024(b) of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1524(b)) is amended by striking "8 percent" and inserting "12 percent".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 654.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 654, the Drug-Free Communities Pandemic Relief Act.

Since 1998, the Drug-Free Communities Program has been a pillar of our Nation's drug, alcohol, and tobacco prevention efforts.

The program is designed with community-based approaches in mind to reach at-risk communities, including racial and ethnic minorities and the LGBTQ community. It is estimated that one in five Americans live in a community with a Drug-Free Communities Coalition, and over 300,000 partners are engaged in prevention efforts.

Like many mission-driven, community-service organizations, Drug-Free Communities Coalitions have faced unprecedented challenges during the COVID-19 pandemic. Many have had trouble sustaining their programming amid increasing rates of substance use. This is in part due to an inability to meet the matching fund requirements required of those receiving Drug-Free Communities grants.

H.R. 654 would allow the Drug-Free Communities Coalitions to seek